



proud past, promising future

CLARK COUNTY HEALTH DEPARTMENT

1950 Fort Vancouver Way

P.O. Box 9825

Vancouver, WA 98666-8825

Phone (360) 397-8428 Fax (360) 397-8084

TEMPORARY FOOD SERVICE ESTABLISHMENT APPLICATION PACKET

IF YOU ARE GOING TO MAIL IN THIS APPLICATION:

1. Complete both pages of information.
2. Mail this application and the temporary event fee at least **ONE MONTH IN ADVANCE** of the event.
3. Make your check payable to: *Clark County Health Department*
4. Mail to: Clark County Health Department - Environmental Health
P.O. Box 9825
Vancouver, WA 98666-8825

IF YOU ARE GOING TO PAY FOR THIS PERMIT AT THE HEALTH DEPARTMENT:

1. You will need to know the information below **and** will have to write this information on the permit form at the counter.
2. You may choose to complete page 2 before you come in to the counter.
3. You must apply and pay for this permit at least **5 WORKING DAYS IN ADVANCE** of the event.
Location: Clark County Health Department - Environmental Health
1950 Fort Vancouver Way
Vancouver, Washington
Office hours: Monday – Friday 8:00 AM to 4:30 PM

An Environmental Health Specialist will review this application. The review may result in the requirement(s) of:

- Limiting some preparation steps,
- Prohibiting some menu items, and/or
- Imposing additional requirement as necessary to protect against health hazards.

Name of Concession _____
Owner or Organization Name _____ Tax Exempt ID # _____
Person in Charge of Concession _____ Phone No. _____ Concession Phone _____

Name of Event _____
Date of Event _____ Time of Food Sales _____ AM or PM
Event Location **AND** Street Address _____
Event Coordinator _____ Phone No. _____

I understand that all food for this event must be prepared on-site on the day of the event or in a Health Department licensed kitchen.

Signature of Applicant _____
Print Applicant Name _____
If you are applying by mail, the permit should be mailed to:
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

FOR OFFICE USE ONLY:

Date

ENC #

Paid \$

Received By

PLEASE LIST BELOW ALL FOOD THAT WILL BE SERVED TO THE PUBLIC FROM THIS TEMPORARY FOOD ESTABLISHMENT. Include ice supplier and water supply. Contact the Health Department if you make any changes to the items listed below.

Food Item	Supplier	Final cooked food temperature	On-site Preparation?		How served?	
			Yes	No	Hot	Cold

- A hand washing station must be set up and all workers must wash their hands before any food preparation begins**
Will there be a thermos with warm water, a catch bucket for dirty water, a soap dispenser and paper towels? Yes ☐ No ☐ If no, please describe.
- There can be no bare hand contact with ready-to-eat food. Will there be gloves, tissues or tongs available for food workers to use?
- What equipment/units will be used on-site to cook food (i.e. grills, fryers,)?
- What equipment will you have on-site to keep food hot? NOTE: Sterno is not allowed for hot holding at outdoor events.
- How will you protect the public from the above cooking or hot holding units?
- What equipment will you have on-site to keep food cold?
- Will you have refrigerator thermometers in all ice chests and refrigerators?
- Describe how you will prevent cross contamination of raw meat product and ready-to-eat food? Example: 1) Separate ice chest for raw meat storage, or 2) raw meat will be stored on the bottom refrigerator shelf; 3) separate cutting boards for vegetables and meat.
- Will you have a metal stem thermometer with a range from 0°F to 220° F?
NOTE: You cannot use a glass candy thermometer or a roast thermometer. They do not have this range.
- Will your food booth/concession be inside a building?
Yes ☐ No ☐ If no: What is the overhead covering or roofing?
- Will you have a bucket with **1-teaspoon** of bleach per one gallon of water and a clean towel for sanitizing?
- Wastewater cannot be dumped down a storm drain or on the ground. Where will the wastewater be disposed?

During each shift, one person must be on site, at all times, with a valid Washington State Food and Beverage Worker Card.

Name _____ Shift hours _____ Name _____ Shift hours _____

Name _____ Shift hours _____ Name _____ Shift hours _____

I have read and understand the Temporary Food Establishment Information pamphlet and agree to follow the requirements stated. I understand that all food for this event must be prepared on-site on the day of the event or in a Health Department licensed kitchen.

Signature of Applicant _____ Date _____